[redacted]

St. Vincent
ASCENSION

ST. VINCENT EVANSVILLE
PO BOX 42008
PHOENIX, AZ 85080-2008

RETURN MAIL ONLY

[redacted]

GUARANTOR NAME	DUE DATE	PLEASE PAY
SHELLI YODER	03-04-2019	$3,476.89

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS PLEASE FILL OUT BELOW ☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER	EXP. DATE
PRINTED NAME	CVV2 CODE
SIGNATURE	SHOW AMOUNT PAID $ HERE

[redacted]

[redacted]

Make Check Payable and Mail To:

ST. VINCENT EVANSVILLE
5763 RELIABLE PARKWAY
CHICAGO, IL 60680-5763

☐ Please check if address or insurance is incorrect and indicate changes on the reverse side.

St. Vincent | ASCENSION

ST. VINCENT EVANSVILLE

We're here to help!

To reach Customer Service for questions about your bill or to pay by phone, call (812) 485-5720 in Indianapolis or toll free at (844) 284-0378.

Office Hours:
Mon-Fri 8:00am - 4:00pm

Visit Us Anytime:
Fax: (317) 583-2737
Web: www.stvincent.org/billing
E-Mail: billing@stvincent.org

As a patient of St. Vincent, you have the right to expect the finest level of Health Care. You have many choices for your health care needs and we want to thank you for choosing us. We hope that our services exceeded your expectations.

Patient Name	Guarantor ID	Service Date	Statement Date
OAKLEY YODER	[redacted]	07/24/2018	02/11/2019

Pharmacy	68,172.17
Laboratory	481.00
EKG / ECG	293.00
Respiratory Therapy	141.00
Emergency Room	3,851.00
Total Charges	**72,938.17**
Insurance Payments/Adjustments	**(69,461.28)**
Patient Responsibility	**3,476.89**

Online Payment Section: You may now view and pay your bill online by visiting www.stvincent.org/billing. Your online enrollment number is listed below. If you do not have an enrollment number, or for additional questions, please call us at (844) 284-0378.
ONLINE ENROLLMENT NO. 2921062775

Sign Up for eStatements

Bill Number	Due Date	Account Number	Bill Period	Amount Due
[redacted]	03-04-2019	[redacted]	1	$3,476.89

BALANCE REMAINING AFTER INSURANCE - PAYMENT NOW DUE We have been advised that your insurance will not be paying the remaining balance on your account. If you question this information - please contact your insurance company. Please send payment in full upon receipt of this notice or contact Customer Service to take advantage of our zero percent interest payment plans. To ensure that your account is properly credited please reference your account number when sending your payment.

AIR EVAC LIFETEAM

P.O. Box 106
West Plains, MO 65775

Return Service Requested

patientaccounts@amgh.us
Phone: (877) 288-5340
Fax: (417) 255-2312

[redacted]

[redacted]

[redacted]

Loaded Miles: 80.0
Base: 138-*Air Evac EMS Inc Harrisburg
From Location: New Simpson School Parking Lot
Ozark, IL 62972
To Location: St. Vincent Evansville
Evansville, IN 47750

Federal Tax ID:43-1371367

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
Base Rate RW Night Call	A0431	1.0	31600.00	31600.00
Loaded Miles	A0436	80.0	293.09	23447.20
Dextrostix - Blood Glucose	82962	1.0	40.99	40.99
EKG Monitoring 3 Leads	93041	1.0	117.39	117.39
Night Call	A0800	1.0	372.06	372.06

TOTAL CHARGES: **$55,577.64**

[redacted]

ST VINCENT EVANSVILLE HOSPITAL

5763 Reliable Parkway
Chicago, IL 606805763

Attending Physician: Christina Ruth Wagner
Principal Diagnosis: T63.001A
Provider: EVILLEHSP70
Provider Tax ID #: [redacted]

Pt Name: OAKLEY YODER
[redacted]

Detail for: OP EMERGENCY REG70 07/24/2018 — 07/25/2018

Date	Rev Cd	Svc Cd	Description	Qty	Amount ($)
Charges					
07/24/2018	250		Antivenin (Crotalidae) Polyvalent Immun Fab PDS Vial	4	67,956.80
07/24/2018	258		SODium CHLORide 0.9% Soln 250 mL	1	42.15
07/24/2018	636	J3010	FentaNYL 50 mcg/mL 2 mL	1	13.55
07/24/2018	460	94761	OXIMETRY MULTIPLE DETERMIN	1	141.00
07/24/2018	450	99285	ED VISIT LEVEL 5 W/ PROCEDURE	1	2,047.00
07/24/2018	450	96365	IV INFUSION MED ADMIN 1ST HR	1	811.00
07/24/2018	450	96375	INJ MED IVPUSH EAADD SEQ SUBST	2	680.00
07/24/2018	305	85379	FIBRIN DEGR PRODUC,D-DIMER;QNT	1	167.00
07/24/2018	305	85610	PROTHROMBIN TIME	1	40.00
07/24/2018	305	85730	THROMBOPLASTIN TIME,PTT;PLASMA	1	77.00
07/24/2018	301	82550	CREATINE KINASE(CK),(CPK);TOTL	1	43.00
07/24/2018	636	J2405	ONDANsetron 2 mg/mL Inj 2 mL	1	138.87
07/24/2018	305	85025	CBC+DIFF WBC; CMPLT AUTO	1	70.00
07/24/2018	301	80053	COMPREHENSIVE METABOLIC PANEL	1	84.00
07/25/2018	450	96376	TX/PRO/DX INJ SAME DRUG ADON	1	313.00
07/25/2018	258		SOL IV NS 0.9% VIAFLEX 1000ML	1	20.80
07/25/2018	730	93005	ECG ROUTINE>=12LEADS TRACING	1	293.00

ST VINCENT HEALTH SERVICES
2001 WEST 86TH ST P.O. BOX 40970
INDIANAPOLIS IN 462400970

ADDRESS SERVICE REQUESTED

[redacted]

Financial Coverages

Priority	Plan Name	Policy #	Subscriber
1	FIRST HEALTH	[redacted]	OAKLEY YODER
2	COMMERCIAL INS		OAKLEY YODER

Guarantor: SHELLI YODER

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5763 Reliable Parkway
Chicago, IL 606805763

Attending Physician: Christina Ruth Wagner
Principal Diagnosis: T63.001A
Provider: EVILLEHSP70
Provider Tax ID #: [redacted]

Pt Name: OAKLEY YODER
[redacted]

Detail for: OP EMERGENCY REG70 *07/24/2018 — 07/25/2018*

(Continued)

Payments/Adjustments

09/10/2018	COMMERCIAL INS Insurance Payment	.00
10/29/2018	FIRST HEALTH Insurance Payment	-47,579.83
09/13/2018	FIRST HEALTH Payer Discount	-21,881.44
11/13/2018	FIRST HEALTH Payer Discount	-.01
	Balance	**$3,476.89**

ST VINCENT EVANSVILLE HOSPITAL

5763 Reliable Parkway
Chicago, IL 606805763

Pt Name: OAKLEY YODER

[redacted]

Attending Physician: Christina Ruth Wagner
Principal Diagnosis: T63.001A
Provider: EVILLEHSP70
Provider Tax ID #: [redacted]

Detail for: OP EMERGENCY REG70 07/24/2018 — 07/25/2018

(Continued)

EXPLANATION OF BENEFITS

K&K INSURANCE
1712 Magnavox Way
Fort Wayne , Indiana 46801
P.O.Box 2338
(800) 237-2917
FAX: (312) 381-9077
In Canada (800) 753-2632
WWW.kandkinsurance.com
California License #0334819

[redacted]
SPECIALTY BENEFITS, INC.
an affiliate of K&K Insurance Group, Inc.
In California: DBA A Specialty Benefits Administrator , Inc.
TPA license [redacted]
In Texas: DBA Specialty Accident Benefits, Inc.

Date: 03/18/2019
Page No: 1 of 1
Company: Nationwide Life Insurance Company
Subscriber/Claimant: OAKLEY YODER
Member/Patient: OAKLEY YODER
Relationship: Self
Group No: [redacted]
Location Code:
Claim No:
Processor:
Incurred Dates:
Accident Date:
Form:

[redacted]

THIS IS NOT A BILL

Date	Total Charge	Ineligible	Discount	Other Insurance Amount	Deductible Amount	Exclusions Code	Covered Expenses	Pay %	Amount Payable
Ambulance, Ground									
07/25/2018 - 07/25/2018	3,190.00	0.00	0.00	2,075.88	0.00	34	1,114.12	100	1,114.12
Totals	3,190.00	0.00	0.00	2,075.88	0.00		1,114.12		1,114.12

Patient: Coinsurance % : 0 Coinsurance Amount: 0.00

Total Patient Responsibility (Ineligible + Deductible Amount + Coinsurance Amount) : 0.00

Description of Codes as used Above/Misc. Comments
34 PAID BY PRIMARY PLAN (NOT USED IN DEDUCTIBLE CALCULATION)

Payable To:	Check Issued	Amount	Date
MEDIC ONSITE SERVICES LLC PO BOX 747 WHEELING IL 60090-0747 [redacted]	577477	1,114.12	03/18/2019

Claim Deductible	Claim Deductible Used	Claim Deductible Remaining	Claim Limit	Claim Limit Used	Claim Limit Remaining
0.00	0.00	0.00	25,000.00	7,286.34	17,713.66